Iowa Medicaid Enterprise
UB-04 Claim Form Instructions
Health Insurance Claim Form

Field No.	Field Name/ Description	Requirements	Instructions
1	(Untitled) - Provider name, address, and telephone number	**REQUIRED**	Enter the name, address, and phone number of the billing facility or service supplier. Note: the zip code must match the zip code confirmed during NPI verification or during enrollment.
2	(Untitled) - Pay-to name, address, and Secondary Identification Fields	*SITUATIONAL*	REQUIRED if Pay-to name and address information is different than Billing Provider information in field 1.
3a	Patient Control Number	OPTIONAL	Enter the account number assigned to the patient by the provider of service. This field is limited to 20 alpha/numeric characters and will be reflected on the remittance advice statement as "Medical Record Number."
3b	Medical Record Number	OPTIONAL	Enter the number assigned to the patient's medical/health record by the provider. This field is limited to 20 alpha/numeric characters and will be reflected on the remittance advice statement as "Medical Record Number" only if the field 3a is blank.
4	Type of Bill	**REQUIRED**	Enter a three-digit number consisting of one digit from each of the following categories in this sequence: First digit Type of facility Second digit Bill classification Third digit Frequency **Type of Facility**

			1 Hospital or psychiatric medical institution for
			children (PMIC)
			2 Skilled nursing facility
			3 Home health agency
			7 Rehabilitation agency
			8 Hospice
			Bill Classification
			1 Inpatient hospital, inpatient SNF or hospice
			(non-hospital based)
			2 Hospice (hospital based)
			3 Outpatient hospital, outpatient SNF or hospice
			(hospital based)
			4 Hospital referenced laboratory services, home health agency, rehabilitation agency
			Frequency
			1 Admit through discharge claim
			2 Interim – first claim
			3 Interim – continuing claim
			4 Interim – last claim
5	Federal Tax Number	OPTIONAL	No entry required. _NOTE_: Changes to the Tax ID must be reported through IME Provider Services Unit at 1-800-338-7909 or 515-256-4609 (in Des Moines).
6	Statement Covers Period (From-Through)	**REQUIRED**	Enter the month, day, and year (MMDDYY format) under both the From and Through categories for the period.
7*	Untitled - Not Used	OPTIONAL	No entry required _NOTE:_ Covered and non-covered days are reported using value codes in fields 39a-41d.
PATIENT NAME			
8a	Last Name	REQUIRED	Enter the Last name of the patient

8b	First Name	REQUIRED	Enter the first name and middle initial of the patient

PATIENT ADDRESS

9a	Street Address	OPTIONAL	Enter the street address of the patient
9b	City	OPTIONAL	Enter the city for the patient's address.
9c	State	OPTIONAL	Enter the state for the patient's address.
9d	Zip Code	OPTIONAL	Enter the zip code for the patient's address.
9e		OPTIONAL	No entry required.
10	Patient's Birth Date	OPTIONAL	Enter the member's birth date as month, day, and year.
11	Sex	REQUIRED	Enter the patient's sex: "M" for male or "F" for female.
12	Admission Date	REQUIRED	Enter in MMDDYY format Inpatient, PMIC, and SNF – Enter the date of admission for inpatient services. Outpatient – Enter the dates of service. Home Health Agency and Hospice – Enter the date of admission for care. Rehabilitation Agency – No entry required.
13	Admission Hour	SITUATIONAL	REQUIRED FOR INPATIENT/PMIC/SNF – The following chart consists of possible admission times and a corresponding code. Enter the code that corresponds to the hour the patient was admitted for inpatient care. Code Time – AM Code Time - PM 00 12:00 - 12:59 12 12:00 – 12:59 Noon Midnight 01 1:00 - 1:59 13 1:00 – 1:59 02 2:00 - 2:59 14 2:00 – 2:59 03 3:00 - 3:59 15 3:00 – 3:59 04 4:00 - 4:59 16 4:00 – 4:59 05 5:00 - 5:59 17 5:00 – 5:59 06 6:00 - 6:59 18 6:00 – 6:59

			07 7:00 - 7:59 19 7:00 – 7:59
			08 8:00 - 8:59 20 8:00 – 8:59
			09 9:00 - 9:59 21 9:00 – 9:59
			10 10:00 - 10:59 22 10:00 – 10:59
			11 11:00 - 11:59 23 11:00 – 11:59
			99 Hour unknown
14	Type of Admission/Visit	SITUATIONAL	REQUIRED FOR INPATIENT/PMIC/SNF – Enter the code corresponding to the priority level of this inpatient admission. 1 Emergency 2 Urgent 3 Elective 4 Newborn 9 Information unavailable
15	SRC (Source of Admission)	SITUATIONAL	REQUIRED FOR INPATIENT/PMIC/SNF – Enter the code that corresponds to the source of this admission. 1 Non-health care facility point of origin 2 Clinic or physician's office 4 Transfer from a hospital 5 Born inside the Hospital 6 Born outside of this hospital 8 Court/law enforcement 9 Information unavailable
16	DHR (Discharge Hour)	SITUATIONAL	REQUIRED FOR INPATIENT/PMIC/SNF – The following chart consists of possible discharge times and a corresponding code. Enter the code that corresponds to the hour patient was discharged from inpatient care. See Field 13, Admission Hour, for instructions for accepted discharge hour codes.
17	STAT (Patient Status)	SITUATIONAL	REQUIRED FOR INPATIENT/PMIC/SNF – Enter the code that corresponds to the status of the patient at the end of service. 01 Discharged to home or self care (routine

				discharge)
				02 Discharged/transferred to other short-term
				general hospital for inpatient care
				03 Discharged/transferred to a skilled nursing
				facility (SNF)
				04 Discharged/transferred to an intermediate care
				facility (ICF)
				05 Discharged/transferred to another type of
				institution for inpatient care or outpatient
				services
				06 Discharged/transferred to home with care of
				organized home health services
				07 Left care against medical advice or otherwise
				discontinued own care
				08 Discharged/transferred to home with care of
				home IV provider
				10 Discharged/transferred to mental health care
				11 Discharged/transferred to Medicaid certified
				rehabilitation unit
				12 Discharged/transferred to Medicaid certified
				substance abuse unit
				13 Discharged/transferred to Medicaid certified
				psychiatric unit
				20 Expired
				30 Remains a patient or is expected to return for
				outpatient services (valid only for non-DRG
				claims)
				40 Hospice patient died at home
				41 Hospice Patient died at hosp

			42 Hospice patient died unknown
			43 Discharge/transferred to Fed Health
			50 Hospice Home
			51 Hospice Medical Facility
			61 Transferred to Swingbed
			62 Transferred to Rehab Facility
			64 Transferred to Nursing Facility
			65 Disc Tran Psychiatric Hosp
			71 Trans for another Outpat Fac
			72 Trans for Outpatient Service
18-28	Condition Codes	SITUATIONAL	Enter corresponding codes to indicate whether or not treatment billed on this claim is related to any condition listed below. Up to seven codes may be used to describe the conditions surrounding a patient's treatment. General 01 Military service related 02 Condition is employment related 03 Patient covered by an insurance not reflected here 04 HMO enrollee 05 Lien has been filed Inpatient Only X3 IFMC approved lower level of care, ICF X4 IFMC approved lower level of care, SNF 91 Respite care Outpatient Only 84 Cardiac rehabilitation program 85 Eating disorder program 86 Mental health program 87 Substance abuse program 88 Pain management program 89 Diabetic education program 90 Pulmonary rehabilitation program

			98 Pregnancy indicator – outpatient or rehabilitation
			agency
			Special Program Indicator
			A1 EPSDT
			A2 Physically handicapped children's program
			A3 Special federal funding
			A4 Family planning
			A5 Disability
			A6 Vaccine/Medicare 100% payment
			A7 Induced abortion – danger to life
			A8 Induced abortion – victim rape/incest
			A9 Second opinion surgery
			Home Health Agency (Medicare not applicable)
			XA Condition stable
			XB Not homebound
			XC Maintenance care
			XD No skilled service
29	Accident State	OPTIONAL	No entry required
30	Untitled	OPTIONAL	No entry required
31-34	Occurrence Codes and Dates		**REQUIRED** if any of the occurrences listed below are applicable to this claim, enter the corresponding code and the month, day, and year of that occurrence.
			Accident Related
			01 Auto accident
			02 No fault insurance involved, including auto accident/other
			03 Accident/tort liability
			04 Accident/employment related
			05 Other accident
			06 Crime victim
			Insurance Related
			17 Date outpatient occupational plan established or reviewed
		SITUATIONAL	24 Date insurance denied

			25 Date benefits terminated by primary payer
			27 Date home health plan was established or last reviewed
			A3 Medicare benefits exhausted
			Other
			11 Date of onset
35-36	Occurrence Span Code and Dates	OPTIONAL	**No entry required**
37	Untitled	OPTIONAL	**No entry required.**
38	Untitled (Responsible party name and address)	OPTIONAL	**No entry required.**
39-41	Value Codes and Amounts	**REQUIRED**	**REQUIRED** – Enter the value code, followed by the NUMBER of covered and/or non-covered days that are included in the billing period. *(NOTE: there should not be a dollar amount in this field).* If more than one value code is shown for a billing period, codes are shown in ascending numeric sequence. 80 Covered days 81 Non-Covered days
42	Revenue Code	**REQUIRED**	Enter the revenue code that corresponds to each item or service billed. *A list of valid revenue codes can be found at the end of these UB-04 claim form instructions.* **Note:** Not all listed revenue codes are payable by Medicaid.

43	Revenue Description		SITUATIONAL	**SITUATIONAL** – Required if the provider enters a HCPCs "J-code" for a drug that has been administered. Enter the National Drug Code (NDC) that corresponds to the J-code entered in Field 44. The NDC must be preceded with a "N4" qualifier. NDC should be entered in NNNNN-NNNN-NN format. NO OTHER ENTRIES SHOULD BE MADE IN THIS FIELD.
43 Line 23	Page ____ of ____		SITUATIONAL	**REQUIRED** if claim is more than one page. Enter the page number and the total number of pages for the claim. NOTE: The "PAGE ____ OF ____ " and CREATION DATE on line 23 should be reported on all pages of the UB-04
44	HCPCS/Rates/HIPPS Rate Codes		SITUATIONAL	**REQUIRED** for Outpatient Hospital, Inpatient SNF, and Home Health Agencies. Outpatient Hospital – Enter the HCPCS/CPT code for each service billed, assigning a procedure, ancillary or medical APG. Inpatient SNF – Enter the HCPCS code W0511 for ventilator dependent patients, otherwise leave blank. Home Health Agencies – Enter the appropriate HCPCS code from the prior authorization when billing for EPSDT related services. All Others – Leave blank. DO NOT enter rates in this field. * When applicable, a procedure code modifier should be displayed after the procedure code.
45	Service Dates	SITUATIONAL		**REQUIRED** for Outpatient claims.

			Outpatient - Enter the service date for outpatient service referenced in Field 42 or Field 44. Note that one entry is required for each date in which the service was performed.
46	Service Units	*SITUATIONAL*	**REQUIRED** for Inpatient, Outpatient and Home Health Agencies. Inpatient – Enter the appropriate units of service for accommodation days. Outpatient – Enter the appropriate units of service provided per CPT/revenue code. (Batch-bill APGs require one unit = 15 minutes of service time.) Home Health Agencies – Enter the appropriate units for each service billed. A unit of service = a visit. Prior authorization private-duty nursing/personal care – *one unit = an hour.* ALL units should be entered using whole numbers only (1). Do not indicate partial units (1.5) or anything after the decimal (1.0).
47	Total Charges	**REQUIRED**	Enter the total charges for **each** line billed. The total **must** include **both** dollars and cents.
47 Line 23	Totals	**REQUIRED**	Enter the sum of the total charges for all lines billed (all of 47). This field should be completed on the last page of the claim **only.** The total **must** include **both** dollars and cents.
48	Non-Covered Charges	**REQUIRED**	Enter the non-covered charges for each applicable line. ***The total **must** include **both** dollars and cents.*
48 Line 23	Totals	**REQUIRED**	Enter the sum of the total non-covered charges for all lines billed (all of 48).

			This field should be completed on the last page of the claim **only.** The total **must** include **both** dollars and cents.
49	Untitled	N/A	Not Used
50 A-C	Payer Identification	**REQUIRED**	Enter the designation provided by the state Medicaid agency. Enter the name of each payer organization from which you might expect some payment for the bill. When indicating Iowa Medicaid as a payer, enter "*Medicaid*".
51 A-C *	Health Plan ID	**LEAVE BLANK**	This field must be left **BLANK.** Entering information in this field will cause the claim to be returned.
52 A-C	Release of Information Certification Indicator	OPTIONAL	By submitting the claim, the provider has agreed to all information on the back of the claim form, including release of information
53 A-C	Assignment of Benefits Certification Indicator	OPTIONAL	No entry required
54 A-C	Prior Payments	OPTIONAL	**REQUIRED** if prior payments were made by a payer *other* than Medicaid. If applicable, enter the amount paid by a payer other than Medicaid. **Do not** enter previous Medicaid payments. • If more than one claim form is used to bill services performed and a prior payment was made, the third-party payment should be entered on *each page* of the claim in field 54. The total **must** include **both** dollars and cents.
55 A-C	Estimated Amount Due From Patient	OPTIONAL	No entry required
56 *	National Provider ID (NPI)	**REQUIRED**	Enter the NPI of the Billing entity.

57A *	Untitled		
57B *	Other	LEAVE BLANK	This field must be left **BLANK.** Entering information in this field will cause the claim to be returned.
57C *	Provider ID		
58	Insured's name	**REQUIRED**	Enter the last name, first name, and middle initial of the Medicaid member on the line (A, B, or C) that corresponds to Medicaid from Field 50.
59	Patient's Relationship to Insured	OPTIONAL	No entry required.
60 A-C	Insured's unique ID	**REQUIRED**	**Required-** Enter the member's Medicaid identification number found on the *Medical Assistance Eligibility Card.* It should consist of seven digits followed by a letter, i.e., 1234567A Enter the Medicaid ID on the line (A, B, or C) that corresponds to Medicaid from Field 50.
61	Group Name	OPTIONAL	No entry required
62 A-C	Insurance Group Number	OPTIONAL	No entry required
63	Treatment Authorization Code	SITUATIONAL	Enter prior authorization number if applicable. *NOTE: This field is no longer used to report the MEDIPASS referral. Refer to Field 79 to enter the MEDIPASS referral* *Note: Lock-In moved to a Field 78*
64	Document Control Number (DCN	OPTIONAL	No entry required
65	Employer name	OPTIONAL	No entry required
66	Diagnosis and Procedure code Qualifier (ICD Version Indicator)	OPTIONAL	No entry required. Medicaid only accepts ICD-9 codes
67	Principal Diagnosis Code	**REQUIRED**	Enter the ICD-9-CM code for the principal diagnosis.
	Present on Admission (POA)	**REQUIRED**	POA indicator is the eighth digit of field 67 A-Q. POA indicates if a condition was present or incubating at the time the order for inpatient admission occurs. **Code Reason for Code**

			Y Diagnosis was present at inpatient admission. U Documentation insufficient to determine if present at admission. W Unable to clinically determine if present at time of admission. (blank) Diagnosis is exempt from POA reporting. 1 Invalid indicator – do not submit!
67 A-Q	Other Diagnosis Codes	*SITUATIONAL*	**REQUIRED** if a diagnosis other than the principal is made. Enter the ICD-9-CM codes for additional diagnosis.
68	Untitled	OPTIONAL	No entry required.
69	Admitting Diagnosis	*SITUATIONAL*	**REQUIRED** for Inpatient hospital claims. <u>Inpatient Hospital</u> – The admitting diagnosis is required.
70 A-C	Patient's Reason for Visit	*SITUATIONAL*	**REQUIRED** if visit is unscheduled. Patient's Reason for Visit is required for all un-scheduled outpatient visits for outpatient bills.
71	PPS (Prospective Payment System) Code	OPTIONAL	No entry required.
72	ECI (External Cause of Injury codes	OPTIONAL	No entry required.
73	Untitled	OPTIONAL	No entry required.
74	Principal Procedure Code and Date	*SITUATIONAL*	**REQUIRED** for the principal surgical procedure, enter the ICD-9-CM procedure code and surgery date, when applicable.
74 A-E	Other Procedure Codes and Dates	*SITUATIONAL*	**REQUIRED** for additional surgical procedures, enter the ICD-9-CM procedure codes and surgery dates.
75	Untitled	OPTIONAL	No entry required.
76 *	Attending Provider Name and Identifiers		
	NPI	**REQUIRED**	Enter the NPI of the attending physician. **Outpatient-** Enter the NPI of the *referring* physician. This area should **not** be completed if the primary physician **did not** give the referral. **DO NOT** show treating physician information in this area.

	Qual	**LEAVE BLANK**	This field must be left **BLANK.** Entering information in this field will cause the claim to be returned.
	Last	**REQUIRED**	Enter the last name of the attending physician.
	First	**REQUIRED**	Enter the first name of the attending physician.
77 *	Operating Provider Name and Identifiers		
	NPI	*SITUATIONAL*	**REQUIRED** if the physician performing the principal procedure is different than the attending physician. Enter the NPI of the operating physician.
	Qual	**LEAVE BLANK**	This field must be left **BLANK.** Entering information in this field will cause the claim to be returned.
	Last	*SITUATIONAL*	Enter the last name of the operating physician.
	First	*SITUATIONAL*	Enter the first name of the operating physician.
78 *	Other Provider Name and Identifiers		
	NPI	*SITUATIONAL*	**REQUIRED** if the patient is in the Lock-In program. Enter the NPI of the member's Lock-In provider.
	Qual	**LEAVE BLANK**	This field must be left **BLANK.** Entering information in this field will cause the claim to be returned.
	Last	*SITUATIONAL*	Enter the last name of the member's Lock-In provider.
	First	*SITUATIONAL*	Enter the first name of the member's Lock-In provider.
79 *	Other Provider Name and Identifiers		
	NPI	*SITUATIONAL*	**REQUIRED** if the patient is in the MediPASS program. Enter the NPI of the *referring* MediPASS physician.

	Qual	**LEAVE BLANK**	This field must be left **BLANK.** Entering information in this field will cause the claim to be returned.
	Last	*SITUATIONAL*	Enter the last name of the *referring* MediPASS physician.
	First	*SITUATIONAL*	Enter the first name of the *referring* MediPASS physician.
80 *	Remarks	*SITUATIONAL*	**REQUIRED** if a diagnosis other than the principal is made. When applicable enter one of the following: - "Not a Medicare Benefit" - "Resubmit" (and list the original filing date) - Member is "Retro-Eligible and NOD is attached" (notice of decision).
81 *	Code-Code Fields	**REQUIRED**	**REQUIRED** – Enter taxonomy code associated with the NPI of the billing entity (Field 56). Precede taxonomy code with qualifier "B3" (healthcare provider taxonomy code). Note: the taxonomy code must match the taxonomy code confirmed during NPI verification or during enrollment.

Revenue Codes
Box 42

CODE	DEFINED	SUBGATEGORIES
11X **ROOM & BOARD** **PRIVATE** (MEDICAL OR GENERAL)	Charges for accommodations with a single bed.	0 General classifications 1 Medical/surgical/GYN 2 OB 3 Pediatric 4 Psychiatric 6 Detoxification 7 Oncology 8 Rehabilitation 9 Other
12X **ROOM & BOARD** **SEMI-PRIVATE TWO** **BED** (MEDICAL OR GENERAL)	Charges for accommodations with two beds.	0 General classifications 4 Sterile environment 7 Self care 9 Other
13X **ROOM & BOARD** **SEMI-PRIVATE THREE** **AND FOUR BEDS** (MEDICAL OR GENERAL)	Charges for accommodations with three and four beds.	0 General classifications 4 Sterile environment 7 Self care 9 Other
14X **PRIVATE** (DELUXE)	Charges for accommodations with amenities substantially in excess of those provided to other patients.	0 General classifications 4 Sterile environment 7 Self care 9 Other
15X **ROOM & BOARD** **WARD** (MEDICAL OR GENERAL)	Charges for accommodations with five or more beds.	0 General classifications 4 Sterile environment 7 Self care 9 Other
16X **OTHER ROOM &** **BOARD**	Charges for accommodations that cannot be included in the specific revenue center codes. Hospitals that are separating this charge for billing Sterile environment is to be used	0 General classifications 4 Sterile environment 7 Self care 9 Other
17X **NURSERY**	Charges for nursing care for newborn and premature infants in nurseries.	0 General classification 1 Newborn 2 Premature 5 Neonatal ICU 9 Other
18X **LEAVE OF ABSENCE**	Charges for holding a room/bed for a patient while they are temporarily away from the provider.	5 Nursing home (for hospitalization)

20X **INTENSIVE CARE**	Charges for medical or surgical care provided to patients who require a more intensive level of care than is rendered in the general medical or surgical unit.	0 General classification 1 Surgical 2 Medical 3 Pediatric 4 Psychiatric 6 Post ICU 7 Burn care 8 Trauma 9 Other intensive care
21X **CORONARY CARE**	Charges for medical care provided to patients with coronary illnesses requiring a more intensive level of care than is rendered in the general medical care unit.	0 General classification 1 Myocardial infarction 2 Pulmonary care 3 Heart transplant 4 Post CCU 9 Other coronary care
22X **SPECIAL CHARGES**	Charges incurred during an inpatient stay or on a daily basis for certain services.	0 General classification 1 Admission charge 2 Technical support charge 3 U.R. service charge 4 Late discharge, medically necessary 9 Other special charges
23X **INCREMENTAL NURSING CHARGE RATE**		0 General classification 1 Nursery 2 OB 3 ICU 4 CCU 9 Other
24X **ALL INCLUSIVE ANCILLARY**	A flat rate charge incurred on either a daily or total stay basis for ancillary services only.	0 General classification 9 Other inclusive ancillary
25X **PHARMACY**	Charges for medication produced, manufactured, packaged, controlled, assayed, dispensed, and distributed under direction of licensed pharmacies.	0 General classification 1 Generic drugs 2 Nongeneric drugs 3 Take home drugs 4 Drugs incident to other diagnostic services 5 Drugs incident to radiology 6 Experimental drugs 7 Nonprescription 8 IV solutions 9 Other pharmacy

26X **IV THERAPY**	Equipment charge or administration of intravenous solution by specially trained personnel to individuals requiring such treatment. This code should be used only when a discrete service unit exists.	0 1 2 3 4 9	General classification Infusion pump IV therapy/pharmacy services IV therapy/drug/supply delivery IV therapy/supplies Other IV therapy
27X **MEDICAL/SURGICAL SUPPLIES AND DEVICES** (ALSO SEE 62X, AN EXTENSION OF 27X)	Charges for supply items required for patient care.	0 1 2 3 4 5 6 7 8 9	General classification Nonsterile supply Sterile supply Take home supplies Prosthetic/orthotic devices Pacemaker Intraocular lens Oxygen – take home Other implants Other supplies/devices
28X **ONCOLOGY**	Charges for the treatment of tumors and related diseases.	0 9	General classification Other oncology
29X **DURABLE MEDICAL EQUIPMENT** (OTHER THAN RENAL**)**	Charges for medical equipment that can withstand repeated use (excluding renal equipment).	0 1 2 3 4 9	General classification Rental Purchase of new DME Purchase of used DME Supplies/drugs for DME effectiveness (home health agency only) Other equipment
30X **LABORATORY**	Charges for the performance of diagnostic and routine clinical laboratory tests. For outpatient services, be sure to indicate the code for each lab charge in UB-04 form field number 44.	0 1 2 3 4 5 6 9	General classification Chemistry Immunology Renal patient (home) Nonroutine dialysis Hematology Bacteriology and microbiology Other laboratory
31X **LABORATORY PATHOLOGICAL**	Charges for diagnostic and routine laboratory tests on tissues and cultures. For outpatient services, indicate the CPT code for each lab charge in UB-04 form field number 44.	0 1 2 4 9	General classification Cytology Histology Biopsy Other
32X **RADIOLOGY DIAGNOSTIC**	Charges for diagnostic radiology services provided for the examination and care of patients. Includes taking, processing, examining and interpreting of radiographs and fluorographs	0 1 2 3 4 9	General classification Angiocardiography Arthrography Arteriography Chest x-ray Other

33X **RADIOLOGY THERAPEUTIC**	Charges for therapeutic radiology services and chemotherapy required for care and treatment of patients. Includes therapy by injection or ingestion of radioactive substances.	0 1 2 3 5 9	General classification Chemotherapy – injected Chemotherapy – oral Radiation therapy Chemotherapy – IV Other
34X **NUCLEAR MEDICINE**	Charges for procedures and tests performed by a radioisotope laboratory utilizing radioactive materials as required for diagnosis and treatment of patients.	0 1 2 9	General classification Diagnostic Therapeutic Other
35X **CT SCAN**	Charges for computed tomographic scans of the head and other parts of the body.	0 1 2 9	General classification Head scan Body scan Other CT scans
36X **OPERATING ROOM SERVICES**	Charges for services provided to patient by specifically trained nursing personnel who assisted physicians in surgical/related procedures during and immediately following surgery.	0 1 2 7 9	General classification Minor surgery Organ transplant – other than kidney Kidney transplant Other operating room services
37X **ANESTHESIA**	Charges for anesthesia services in the hospital.	0 1 2 4 9	General classification Anesthesia incident to radiology Anesthesia incident to other diagnostic services Acupuncture Other anesthesia
38X **BLOOD**	Charges for blood must be separately identified for private payer purposes.	0 1 2 3 4 5 6 7 9	General classification Packed red cells Whole blood Plasma Platelets Leukocytes Other components Other derivatives (cryoprecipitates) Other blood
39X **BLOOD STORAGE AND PROCESSING**	Charges for the storage and processing of whole blood.	0 1 9	General classification Blood administration Other blood storage and processing
40X **OTHER IMAGING SERVICES**		0 1 2 3 4 9	General classification Diagnostic mammography Ultrasound Screening mammography Positron emission tomography Other imaging services

41X RESPIRATORY SERVICES	Charges for administration of oxygen and certain potent drugs through inhalation or positive pressure and other forms of rehabilitative therapy through measurement of inhaled and exhaled gases and analysis of blood and evaluation of the patient's ability to exchange oxygen and other gases.	0 General classification 1 Inhalation services 3 Hyperbaric oxygen therapy 9 Other respiratory services
42X PHYSICAL THERAPY	Charges for therapeutic exercises, massage, and utilization of effective properties of light, heat, cold, water, electricity, and assistive devices for diagnosis and rehabilitation of patients who have neuromuscular, orthopedic, and other disabilities.	0 General classification 1 Visit charge 2 Hourly charge 3 Group rate 4 Evaluation or reevaluation 9 Other occupational therapy/trial occupational therapy – rehab agency
43X OCCUPATIONAL THERAPY	Charges for teaching manual skills and independence in personal care to stimulate mental and emotional activity on the part of patients.	0 General classification 1 Visit charge 2 Hourly charge 3 Group rate 4 Evaluation or reevaluation 9 Other occupational therapy/trial occupational therapy – rehab agency
44X SPEECH LANGUAGE PATHOLOGY	Charges for services provided to those with impaired functional communication skills.	0 General classification 1 Visit charge 2 Hourly charge 3 Group rate 4 Evaluation or reevaluation 9 Other speech-language pathology/trial speech therapy – rehab agency
45X EMERGENCY ROOM	Charges for emergency treatment to ill and injured requiring immediate unscheduled medical/surgical care.	0 General classification 9 Other emergency room
46X PULMONARY FUNCTION	Charges for tests measuring inhaled and exhaled gases, the analysis of blood and for tests evaluating the patient's ability to exchange oxygen and other gases.	0 General classification 9 Other pulmonary function

47X **AUDIOLOGY**	Charges for the detection and management of communication handicaps centering in whole or in part on the hearing function.	0 General classification 1 Diagnosis 2 Treatment 9 Other audiology
48X **CARDIOLOGY**	Charges for cardiac procedures rendered in a separate unit within the hospital. Procedures include, but are not limited to: heart catheterization, coronary angiography, Swan-Ganz catheterization, exercise stress tests.	0 General classification 1 Cardiac cath lab 2 Stress test 9 Other cardiology
49X **AMBULATORY SURGICAL CARE**	Charges for ambulatory surgery not covered by other categories.	0 General classification 9 Other ambulatory surgical care
50X **OUTPATIENT SERVICES**	Outpatient charges for services rendered to an outpatient admitted as an inpatient before midnight of the day following the date of service.	0 General classification 9 Other outpatient services
51X **CLINIC**	Clinic (nonemergency/scheduled outpatient visit) charges for providing diagnostic, preventive curative, rehabilitative, and education services on a scheduled basis to ambulatory patients.	0 General classification 1 Chronic pain center 2 Dental clinic 3 Psychiatric clinic 4 OB-GYN clinic 5 Pediatric clinic 9 Other clinic
52X **FREE-STANDING CLINIC**		0 General classification 1 Rural health – clinic 2 Rural health – home 3 Family practice 9 Other free-standing clinic
53X **OSTEOPATHIC SERVICES**	Charges for a structural evaluation of the cranium, entire cervical, dorsal and lumbar spine by a doctor of osteopathy.	0 General classification 1 Osteopathic therapy 9 Other osteopathic services

54X **AMBULANCE**	Charges for ambulance service, usually on an unscheduled basis to the ill and injured requiring immediate medical attention. Ambulance is payable on the UB-04 form only in conjunction with inpatient admissions. Other ambulance charges must be submitted on the ambulance claim form. Documentation of medical necessity must be provided for ambulance transport. The diagnosis /documentation must reflect that the patient was nonambulatory and the trip was to the nearest adequate facility.	0 1 2 3 4 5 6 7 8 9	General classification Supplies Medical transport Heart mobile Oxygen Air ambulance Neonatal ambulance services Pharmacy Telephone transmission EKG Other ambulance
55X **SKILLED NURSING** (HOME HEALTH AGENCY ONLY)	Charges for nursing services that must be provided under the direct supervision of a licensed nurse ensuring the safety of the patient and achieving the medically desired result.	0 1 2 9	General classification Visit charge Hourly charge Other skilled nursing
56X **MEDICAL SOCIAL SERVICES** (HOME HEALTH AGENCY ONLY)	Charges for services provided to patients on any basis, such as counseling, interviewing and interpreting social situations problems.	0 1 2 9	General classification Visit charge Hourly charge Other medical social services
57X **HOME HEALTH AIDE** (HOME HEALTH AGENCY ONLY)	Charges made by a home health agency for personnel primarily responsible for the personal care of the patient	0 1 2 9	General classification Visit charge Hourly charge Other home health aide services
61X **MRI**	Charges for Magnetic Resonance Imaging of the brain and other body parts.	0 1 2 9	General classification Brain (including brainstem) Spinal cord (including spine) Other MRI

Code	Description	Subcodes
62X **MEDICAL/SURGICAL SUPPLIES** (EXTENSION OF 27X)	Charges for supply items required for patient care. The category is an extension of 27X for reporting additional breakdown where needed. Subcode 1 is for providers that cannot bill supplies used for radiology procedures under radiology. Subcode 2 is for providers that cannot bill supplies used for other diagnostic procedures.	1 Supplies incident to radiology 2 Supplies incident to other diagnostic services
63X **DRUGS REQUIRING SPECIFIC IDENTIFICATION**	Charges for drugs and biologicals requiring specific identification as required by the payer. If HCPCS is used to describe the drug, enter the HCPCS code in UB-04 form field number 44.	0 General classification 1 Single source drug 2 Multiple source drug 3 Restrictive prescription 4 Erythropoietin (EPO), less than 10,000 units 5 Erythropoietin (EPO), 10,000 or more units 6 Drugs requiring detailed coding
64X **HOME IV THERAPY SERVICES**	Charges for intravenous drug therapy services performed in the patient's residence. For home IV providers the HCPCS code must be entered for all equipment and all types of covered therapy.	0 General classification 1 Nonroutine nursing, central line 2 IV site care, central line 3 IV site/change, peripheral line 4 Nonroutine nursing, peripheral line 5 Training patient/caregiver, central line 6 Training, disabled patient, central line 7 Training, patient/caregiver, peripheral line 8 Training, disabled patient, peripheral line 9 Other IV therapy services
65X **HOSPICE SERVICES** (HOSPICE ONLY)	Charges for hospice care services for a terminally ill patient they elects these services in lieu of other services for the terminal condition.	1 Routine home care 2 Continuous home care (hourly) 5 Inpatient respite care 6 General inpatient care 8 Care in an ICF or SNF
70X **CAST ROOM**	Charges for services related to the application, maintenance, and removal of casts.	0 General classification 9 Other cast room
71X **RECOVERY ROOM**		0 General classification 9 Other recovery room

72X **LABOR** **ROOM/DELIVERY**	Charges for labor and delivery room services provided by specially trained nursing personnel to patients. This includes prenatal care during labor, assistance during delivery, postnatal care in the recovery room, and minor gynecologic procedures if performed in the delivery suite.	0 1 2 3 4 9	General classification Labor Delivery Circumcision Birthing center Other labor room/delivery
73X **EKG/ECG** (ELECTRO- CARDIOGRAM)	Charges for the operation of specialized equipment to record electromotive variations in actions of the heart muscle on an electrocardiography for the diagnosis of heart ailments.	0 1 2 9	General classification Holter monitor Telemetry Other EKG/ECG
74X **EEG** (ELECTRO- ENCEPHALOGRAM)	Charges for the operation of specialized equipment measuring impulse frequencies and differences in electrical potential in various brain areas to obtain data used in diagnosing brain disorders.	0 9	General classification Other EEG
75X **GASTRO-INTESTINAL** **SERVICES**	Procedure room charges for endoscopic procedures not performed in the operating room.	0 9	General classification Other gastro-intestinal
76X **TREATMENT OR** **OBSERVATION ROOM**	Charges for the use of a treatment room or the room charge associated with outpatient observation services.	0 1 2 9	General classification Treatment room Observation room Other treatment/observation room
79X **LITHOTRIPSY**	Charges for the use of lithotripsy in the treatment of kidney stones.	0 9	General classification Other lithotripsy
80X **INPATIENT RENAL** **DIALYSIS**	A waste removal process performed in an inpatient setting using an artificial kidney when the bodies own kidneys have failed. The waste may be removed directly from the blood or indirectly from the blood by flushing a special solution between the abdominal covering and the tissue.	0 1 2 3 4 9	General classification Inpatient hemodialysis Inpatient peritoneal (nonCAPD) Inpatient continuous ambulatory peritoneal dialysis Inpatient continuous cycling peritoneal dialysis (CCPD) Other inpatient dialysis

81X **ORGAN ACQUISITION** (SEE 89X)	The acquisition of a kidney, liver or heart for transplant use. (All other human organs fall under category 89X.)	0 1 2 3 4 5 6 7 9	General classification Living donor – kidney Cadaver donor – kidney Unknown donor – kidney Other kidney acquisition Cadaver donor – heart Other heart acquisition Donor – liver Other organ acquisition
82X **HEMODIALYSIS** (Outpatient or home)	A waste removal process, performed in an outpatient or home setting, necessary when the body's own kidneys have failed. Waste is removed directly from the blood.	0 1 rate 2 3 4 5 9	General classification Hemodialysis/composite or other Home supplies Home equipment Maintenance/100% Support services Other outpatient hemodialysis
83X **PERITONEAL** **DIALYSIS** (Outpatient or home)	A waste removal process, performed in an outpatient or home setting, necessary when the bodies own kidneys have failed. Waste is removed indirectly by flushing a special solution between the abdominal covering and the tissue.	0 1 2 3 4 5 9	General classification Peritoneal/composite or other rate Home supplies Home equipment Maintenance/100% Support services Other outpatient peritoneal dialysis
84X **CONTINUOUS** **AMBULATORY** **PERITONEAL** **DIALYSIS** **(CCPD)** (Outpatient or home)	A continuous dialysis process performed in an outpatient or home setting using the patient peritoneal membrane as a dialyzer.	0 1 2 3 4 5 9	General classification CAPD/composite or other rate Home supplies Home equipment Maintenance/100% Support services Other outpatient CAPD
85X **CONTINUOUS** **CYCLING PERITONEAL** **DIALYSIS** **(CCPD)** (Outpatient or home)	A continuous dialysis process performed in an outpatient or home setting using a machine to make automatic changes at night.	0 1 2 3 4 5 9	General classification CCPD/composite or other rate Home supplies Home equipment Maintenance/100% Support services Other outpatient CCPD
88X **MISCELLANEOUS** **DIALYSIS**	Charges for dialysis services not identified elsewhere.	0 1 2 9	General classification Ultrafiltration Home dialysis aid visit Miscellaneous dialysis other
89X **OTHER DONOR BANK** (EXTENSION OF 81X)	Charges for the acquisition, storage, and preservation of all human organs (excluding kidneys, livers, and hearts – see 81X).	0 1 2 3 9	General classification Bone Organ (other than kidney) Skin Other donor bank

92X **OTHER DIAGNOSTIC SERVICES**		0 General classification 1 Peripheral vascular lab 2 Electromyelogram 3 Pap smear 4 Allergy test 5 Pregnancy test 9 Other diagnostic services
94X **OTHER THERAPEUTIC SERVICES**	Charges for other therapeutic services not otherwise categorized.	0 General classification 1 Recreational therapy 2 Education/training 3 Cardiac rehabilitation 4 Drug rehabilitation 5 Alcohol rehabilitation 6 Complex medical equipment – routine 7 Complex medical equipment – ancillary 9 Other therapeutic services
99X **PATIENT CONVENIENCE ITEMS**	Charges for items generally considered by the third party payers to be strictly convenience items, and, therefore, are not covered.	0 General classification 1 Cafeteria/guest tray 2 Private linen service 3 Telephone/telegraph 4 TV/radio 5 Nonpatient room rentals 6 Late discharge charge 7 Admission kits 8 Beauty shop/barber 9 Other patient convenience items

** If you have any questions about this information, please contact Provider Services at 1-800-338-7909. Local in the Des Moines area at 515-256-4609.